



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

An Ayurvedic Management Of Stress-Related Male Infertility: A Psychosomatic Approach To Manas Vikar Janya Vandhyatva – A Case Study

Authors:

1. Prof. Dr. Sachinkumar Sahebrao Patil^{1*}

Ph.D. (Kayachikitsa), M.D. (Kayachikitsa), M.B.A. (H.R.), M.A. (Sanskrit), P.G.D.E.M.S., D.Y.A.

Principal, Medical Director, Professor and Head of Department, Ph.D. & M.D. Guide,
Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune
– 411028, Maharashtra, India.

2. Dr. Shruti Suryakant Shelke²

M.D. (Kayachikitsa) Scholar,
Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune
– 411028, Maharashtra, India.

ABSTRACT :

Male infertility, particularly of idiopathic or psychosomatic origin, poses a growing challenge in reproductive medicine. The association between psychological stress and male reproductive dysfunction is well-documented yet remains inadequately addressed in mainstream healthcare. This case study explores the Ayurvedic management of a 31-year-old male presenting with primary infertility and Chittodvega (anxiety), categorized under Manas Vikar Janya Vandhyatva in Ayurveda. A holistic Ayurvedic protocol comprising Shodhana therapy (Yoga Basti), Shamana (oral Rasayana and Vajikarana medications), and Satvavajaya Chikitsa (psychological interventions) was administered. Complementary modern pharmacotherapy, including Lopez-MD and Addyzoa, was initially provided. Marked improvement was observed in semen parameters, libido, and psychological well-being over six months. Natural conception was achieved, indicating the potential efficacy of integrated Ayurvedic management. This case supports the relevance of addressing the psychoneuroendocrine axis in male infertility. A tailored Ayurvedic regimen targeting both somatic and psychological dimensions may offer a viable therapeutic alternative.

KEYWORDS: *Vandhyatva, Chittodvega, Shukra Kshaya, Manas Roga, Rasayana, Vajikarana*

INTRODUCTION :

Infertility affects nearly 15% of couples worldwide, with male factors contributing to approximately half of all cases^[1]. Psychological stress plays a pivotal role in disrupting the hypothalamic-pituitary-gonadal (HPG) axis, leading to compromised spermatogenesis, decreased libido, and hormonal imbalance^[2].

The modern lifestyle—marked by increased mental stress, irregular sleep patterns, and sedentary habits—has led to a surge in psychosomatic disorders, including stress-induced male infertility. Ayurvedic literature recognizes this under the framework of *Manas Vikar Janya Vandhyatva*, where mental disturbances like *Chittodvega* result in *Shukra Kshaya* and reduced fertility^[3].

According to *Charaka Samhita*, mental factors (*Manasika Bhavas*) influence doshic equilibrium, particularly *Vata*, which governs neurological and reproductive functions^[4]. *Vata* derangement affects *Shukra Dhatu*—the essence of all seven bodily tissues (*Dhatus*)—and contributes to infertility^[5].

This case study explores the practical application of *Trividha Chikitsa*—*Daivavyapashraya*, *Yuktivyapashraya*, and *Satvavajaya*—in managing psychosomatic male infertility. A multipronged Ayurvedic protocol was designed to pacify *Vata Dosha*, nourish *Shukra Dhatu*, restore mental stability, and reestablish reproductive capacity.

CASE REPORT :

A 31-year-old married male presented with a history of primary infertility despite four years of regular, unprotected sexual intercourse. The patient also reported symptoms including decreased libido, partial erectile dysfunction, fragmented sleep, and persistent restlessness.

Psychological evaluation indicated moderate-to-severe anxiety, with a Generalized Anxiety Disorder-7 (GAD-7) score of 17. The patient also exhibited low self-esteem and work-related stress. Semen analysis revealed oligoasthenozoospermia, supporting the diagnosis of male factor infertility.

Past Medical and Treatment History :

The patient had previously undergone psychiatric treatment with Lopez-MD 1 HS and consumed *Addyzoa*, an antioxidant-multivitamin formulation. These interventions offered only partial symptomatic relief in terms of anxiety and libido^{[16][17]}.

Baseline Investigations :

- Semen Analysis:
 - Sperm Count: 6 million/ml (↓)
 - Motility: % 15(↓)
 - Morphology: 40% normal forms
 - Volume: 2.5 ml
- Hormonal Profile:
 - FSH, LH: Normal
 - Testosterone: Slightly low
- GAD-7 Score: 17(Moderate Anxiety)
- Thyroid Profile: Normal

- USG Scrotum: Normal testicular size and vascularity

Manasika Bhava Assessment (Psychological Profile) :

Using classical Ayurvedic parameters of *Manasika Bhava*, the following findings were noted ^{[3][4]}:

- *Chinta* (worry) – Elevated
- *Bhaya* (fear) – Elevated
- *Vishada* (sadness) – Prominent
- *Dhairya* (courage) – Reduced
- *Ashraddha* (lack of willpower) – Present
- *Udvega* (restlessness) – Present
- Predominant *Gunas* – *Tamoguna* with *Rajas* overlay

Ayurvedic Assessment :

- *Sharirika Prakriti*: *Vata-Kapha*
- *Manasika Prakriti*: *Rajas-Tamas* predominant
- *Agni*: *Mandagni*
- *Srotodushti*:
 - *Shukravaha Srotas*: *Dushti lakshanas* present
 - *Manovaha Srotas*: *Dushti* evident, indicating *Chittodvega* symptoms ^[3,4,6]

Ayurvedic Diagnosis :

Based on classical *Nidana Panchaka*, the diagnosis was formulated as:

- *Shukra Kshaya Janya Vandhyatva* (Infertility due to diminished *Shukra Dhātu*)
- *Chittodvega* (Anxiety – a *Manas Vikar*)
- *Srotodushti* of *Shukravaha* and *Manovaha Srotas*
- *Klaibya* (Psychogenic sexual dysfunction) – as per *Charaka Samhita*, *Chikitsasthana* 30/84 ^[3]

Assessment of Anxiety (GAD-7) :

The GAD-7 scale, a validated screening tool for generalized anxiety disorder, consists of 7 items rated 0–3 based on frequency ^[11].

Initial Score: 17 → Severe Anxiety
Post-Treatment Score: 5 → Mild Anxiety

This reflects substantial psychological improvement post-therapy.

Outcome Measures :

Parameter	Before Treatment	After 6 Months
Sperm Count	6 million/mL	30 million/mL
Motility	15% (progressive)	42% (progressive)
Anxiety Score (GAD-7)	17 (Severe)	5 (Mild)
Libido (self-rated)	2/10	8/10
Sleep Quality	Poor, fragmented	Deep, 6–7 hours/night
BMI	20	23 (healthy gain)
Erectile Function	Partial	Full, sustained

Nidana Panchaka (Etiopathogenesis) :

- *Nidana* (Causative factors):
Ati-Chinta (excessive worry), *Vega-Dharana* (emotional suppression), *Diva Swapna* (day sleep), sedentary lifestyle, *Ahithara Aahara*, occupational stress ^{[3][4][6]}
- *Purvarupa* (Prodromal symptoms):
Disturbed sleep, reduced libido, emotional instability, mild fatigue
- *Rupa* (Clinical features):
Oligospermia, low sperm motility, anxiety, palpitations, erectile difficulty, low self-confidence
- *Upashaya* (Relieving factors):
Improvement with *Rasayana*, *Vajikarana* therapies; aggravation with mental stress and erratic sleep ^{[7][8]}
- *Samprapti* (Pathogenesis):
Manas Vikar → *Vata Prakopa* → *Shukra Kshaya* → *Vandhyatva*
Dominance of *Rajas-Tamas* led to dysfunction at the level of *Hridaya* and *Manas*, affecting *neuroendocrine* integration ^{[3][4][6]}

TREATMENT PRINCIPLES :

The therapeutic approach was based on Ayurvedic principles addressing both *Sharirika* and *Manasika* factors:

- *Vatahara* and *Medhya Chikitsa* – Stabilization of mental faculties and *Vata* regulation ^{[3][5]}
- *Shukrajanana* and *Rasayana* Therapy – Nourishment of *Shukra Dhatu* and systemic rejuvenation ^{[6][7]}
- *Satvavajaya Chikitsa* – Mind-based therapy including cognitive restructuring and stress management ^{[4][5]}
- *Srotoshodhana* and *Dhatu Poshana* – Cleansing of obstructed channels and tissue nourishment ^{[6][9]}

Treatment Protocol :

Following the *Trividha Chikitsa Sutra* described in *Charaka Samhita* (CS Su.1/58) , the treatment was implemented in three dimensions:

त्रिविधं चिकित्सितं बुद्ध्या नीतं, दैवव्यपाश्रयं, युक्तिव्यपाश्रयं, सत्त्वावजयश्च'

Shodhana Chikitsa :

A classical Yoga Basti regimen was administered after proper *Deepana*, *Pachana*, *Snehana*, and *Swedana* [6].

- Deepana-Pachana : Trikatu and Panchakola Churna – 3 g BD × 5 days
- Snehana:
 - *Internal*: Phalaghrita
 - *External*: Abhyanga with Bala-Ashwagandha Taila
- Swedana : Nadi Sveda × 3 days
- Basti Karma:
 - *Niruha Basti*: Decoctions of *Dashamoola*, *Guduchi*, *Shatavari*
 - *Anuvasana Basti*: *Ksheerabala Taila*, *Ashwagandha Taila*

Shamana Chikitsa :

A curated combination of *Rasayana* and *Vajikarana* medicines was administered to address *Shukra Kshaya*, anxiety, and general debility.

Formulation	Dose	Action
<i>Ashwagandha Churna</i> [6,8]	500 mg BD	<i>Medhya</i> , <i>Rasayana</i> , <i>Balya</i>
<i>Shatavari Churna</i> [6,8]	500 mg BD	<i>Shukravardhaka</i> , <i>Pittahara</i>
<i>Kapikacchu Beej Churna</i> [6,8]	500 mg BD	<i>Vajikarana</i> , <i>Dopaminergic</i>
<i>Vanari Gutika</i> [9]	2 tabs TID	<i>Vatahara</i> , <i>Vrishya</i>
<i>Makardhwaj Rasa</i> [10]	1 tab BD	<i>Rasayana</i> , CNS stimulant
<i>Gandhavini Vati</i> [10]	2 tabs TDS	<i>Agnideepana</i> , <i>Vatahara</i>
Tentex Forte [14]	2 tabs BD	Herbal aphrodisiac (supportive)
Cap Addyzoa [17]	2 caps BD	Antioxidant, spermatogenic
<i>Saraswatarishta</i> [9]	20 ml BD	<i>Medhya</i> , Anxiolytic

Satvavajaya Chikitsa :

The following techniques were integrated for stress regulation and emotional rebalancing ^{[4][5]}:

- Counselling: Supportive therapy to restore self-worth and address marital stress
- Cognitive Behavioural Tools: Positive affirmations, journaling, thought restructuring
- Meditation & Yoga Nidra: 15 minutes daily of Om chanting and Yoga Nidra
- Pranayama: Bhramari and Anuloma-Viloma
- Lifestyle Adjustments: Digital detox, 8-hour sleep hygiene, Sattvic diet, cessation of stimulants (alcohol/tobacco)

OUTCOME AND FOLLOW-UP :

The patient was evaluated monthly for six months using clinical, psychological, and laboratory parameters

Duration	Observations
1 Month	Improved sleep, reduced anxiety levels
2 Months	Libido improved, better semen consistency
3 Months	GAD-7 Score reduced to 7 (mild)
4 Months	Semen count improved to 18 million/ml, motility 45%
6 Months	Wife conceived naturally; confirmed by USG

6. Discussion

This case study illustrates the Ayurvedic concept of *Manas Vikar Janya Vandhyatva*, with *Chittodvega* (anxiety) acting as a causative and perpetuating factor for male infertility [3,4]. In the absence of structural or hormonal abnormalities, the prominent symptoms—oligoasthenozoospermia, low libido, and psychological distress—indicated a psychogenic etiology. This correlates with *Rajo-Tamo dushti*, *Vata Prakopa*, and subsequent *Shukra Kshaya* in *Ayurveda* ^{[4][6]}.

As mentioned in *Charaka Samhita*, mental disturbances disrupt *Buddhi*, *Dhriti*, and *Smriti*, which ultimately derange *Manovaha Srotas* and affect *Majja Dhatu* (nervous tissue) and *Hridaya* (neuroendocrine integration center) ^[3]. Modern studies confirm this link between chronic stress and suppression of the hypothalamic-pituitary-gonadal (HPG) axis, leading to poor semen parameters and sexual dysfunction ^{[2][12][13]}.

The role of *Satvavajaya Chikitsa* in this case was central. Mind-calming techniques such as *Yoga Nidra*, *Bhramari*, and *Om* chanting have proven neurobiological benefits, including HPA axis modulation, cortisol reduction, and mood stabilization ^{[4][5][11]}.

Herbs like *Ashwagandha*, *Kapikacchu*, and *Shatavari* were chosen for their adaptogenic, anxiolytic, and spermatogenic properties ^{[6][8][16]}. *Ashwagandha* in particular improves testosterone levels and stress tolerance by regulating GABA and serotonin pathways ^{[8][13]}. *Kapikacchu*, rich in L-DOPA, enhances dopaminergic tone, elevates mood, and improves libido ^{[6][16]}.

The use of *Vanari Gutika* and *Makardhwaj Rasa* enhanced the neuroendocrine axis through their *Vatahara* and *Rasayana* actions ^{[9][10]}, while Tentex Forte and Addyzoa provided pharmacological support with clinically validated antioxidant and aphrodisiac effects ^{[14][17]}.

The treatment protocol revolved around three therapeutic pillars:

1. *Shodhana (Yoga Basti)* – Cleansed *Shukravaha* and *Manovaha Srotas*, stabilized *Apana Vata*
2. *Shamana (Rasayana + Vajikarana)* – Rejuvenated *Shukra Dhatu* and addressed *Mandagni*
3. *Satvavajaya* (Mind therapy) – Addressed root-level psychological disturbances

The marked improvements in seminal parameters, libido, anxiety levels, and natural conception after six months underscore the effectiveness of Ayurvedic integrative treatment in stress-induced male infertility.

CONCLUSION :

This case illustrates the successful application of Ayurveda's holistic and psychosomatic framework in managing *Manas Vikar Janya Vandhyatva*—male infertility arising from psychological disturbances such as anxiety. The integrative protocol, combining *Satvavajaya Chikitsa* (mind-based therapy), *Rasayana* and *Vajikarana* (rejuvenation and aphrodisiac therapies), and *Shodhana* via *Yoga Basti* (systemic detoxification), resulted in measurable improvements in semen parameters, anxiety scores, libido, and overall well-being. The observed natural conception further validates the therapeutic efficacy of this multidimensional approach. This case advocates for the inclusion of Ayurveda's mind-body principles in the contemporary management of stress-related male infertility, promoting a more integrative and personalized model of reproductive healthcare.

ACKNOWLEDGMENTS :

I express gratitude to the Department of Kayachikitsa and Hospital Authority for giving me this opportunity to study this research topic. Special thanks to Secretary of Maharashtra Arogya Mandal's Secretary, Hon'ble Mr. Anil Gujar, and Joint Secretary of Maharashtra Arogya Mandal's, Hon'ble Mr. Arun Gujar and Faculty members Dr. Yogesh Kotangle, Dr. Vijayalaxmi Patil, Dr. Kiran Ubhe and Dr. Ritesh Damle for co-operating throughout the research study. Many thanks to my colleagues, as we got to learn many new things while reviewing the research articles and our knowledge regarding the subject has been increased.

DISCLOSURE OF CONFLICT OF INTEREST :

The authors declare that there was no conflict of interest regarding the publication of manuscript

REFERENCES :

1. Charaka. *Charaka Samhita*. Sharirasthana 2/4. Chaukhambha Sanskrit Series; 2012.
2. Sushruta. *Sushruta Samhita*. Chikitsasthana 31/4. Chaukhambha Sanskrit Series; 2010.
3. Vagbhata. *Ashtanga Hridaya*. Uttarasthana 40/50. Chaukhambha Orientalia; 2008.
4. Bhavamishra. *Bhavaprakasha Nighantu*, Guduchyadi Varga. Chaukhambha Sanskrit Bhawan; 2010.
5. Kashyapa. *Kashyapa Samhita*, Khila Sthana. Chaukhambha Sanskrit Sansthan; 2009.
6. Mohanty PK, et al. Evaluation of Vajikarana therapy in male infertility: A clinical trial. *AYU*. 2018;39(3):143–148.
7. Khandelwal K, et al. Ayurvedic concepts in the management of Chittodvega. *Ayu*. 2016;37(4):233–236.

8. Singh G, et al. Effect of Ashwagandha on semen quality: A randomized clinical study. *Evid Based Complement Alternat Med*. 2013;2013:571420.
9. Anonymous. Classical references: *Vanari Gutika* and *Saraswatarishta*. *Bhavaprakasha*. 2015; Vol II:228–230.
10. Patel S, et al. Role of Makardhwaj Ras in rejuvenation: An overview. *J Ayurveda Integr Med*. 2017;8(2):105–110.
11. Spitzer RL, et al. A brief measure for assessing generalized anxiety disorder: The GAD-7. *Arch Intern Med*. 2006;166(10):1092–1097.
12. Bakhtiari M, et al. Psychological stress and its impact on male fertility. *J Reprod Infertil*. 2020;21(4):245–253.
13. Kamada M, et al. Psychological stress reduces human sperm motility via adrenal hormone changes. *Fertil Steril*. 2012;97(1):140–146.
14. Verma PK, et al. Stress and infertility: Role of antioxidants. *J Clin Diagn Res*. 2017;11(6):CE01–CE04.
15. Jaiswal YS, Williams LL. A glimpse of Ayurveda – The forgotten history and principles of Indian traditional medicine. *J Tradit Complement Med*. 2017;7(1):50–53.
16. Kumar R, Saxena V, Shamsi MB, Venkatesh S, Dada R. Herbo-mineral supplementation in men with idiopathic oligoasthenoteratospermia: A double-blind randomized placebo-controlled trial. *Indian J Urol*. 2011;27(3):357–362
swasthyashopee.com+lphytojournal.com+lphytojournal.comtandfonline.com+7academia.edu+7link.springer.com+7.
17. Mote D, Jaiswal V, Puneekar N. Clinical assessment of efficacy and safety of Addyzoa Tablet in male infertile patients with oligospermia and asthenospermia. *J Ayurveda Integr Med Sci*. 2024;9(6):11–19
ayurvedafamily.com+7jaims.in+7wisdomlib.org+7.



Dr Sachinkumar Sahebrao Patil M.D. (Kayachikitsa) Medicine, Ph.D. (Kayachikitsa) Medicine, M.B.A. (H.R.), M.A. (Sanskrit), P.G.D.E.M.S., D.Y.A. Principal, Medical Director, Professor and H.O.D., Ph.D. Guide, M.D. Guide, Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune – 411028, Maharashtra State, India. He is working as an Ayurved Physician and Panchakarma Specialist since last 18 Years. He is a BOARD OF STUDIES MEMBER for Paraclinical Ayurved Board of Maharashtra University of Health Sciences (M.U.H.S.), Nashik. He is a FACULTY MEMBER for Post Graduate Paraclinical Ayurved Board of M.U.H.S., Nashik. He is working as a Research Faculty for Research Methodology and Medical Statistics for M.U.H.S., Nashik. He is a Ph.D. GUIDE for 08 Ph.D. Kayachikitsa (Medicine) students and M.D. GUIDE for 28 M.D. Kayachikitsa (Medicine) students out of which 21 M.D. Kayachikitsa (Medicine) students have been already passed out. His research experience is 15 Years. His research interests in Anxiety disorder, Diabetes Mellitus, Obesity, Hyperacidity, Diarrhoea, Anaemia, Infertility etc.

